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**STOCKSBRIDGE  
URBAN DISTRICT COUNCIL**

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**ANNUAL  
REPORT**

of the  
**Medical Officer of Health**  
for the Year

**1962**



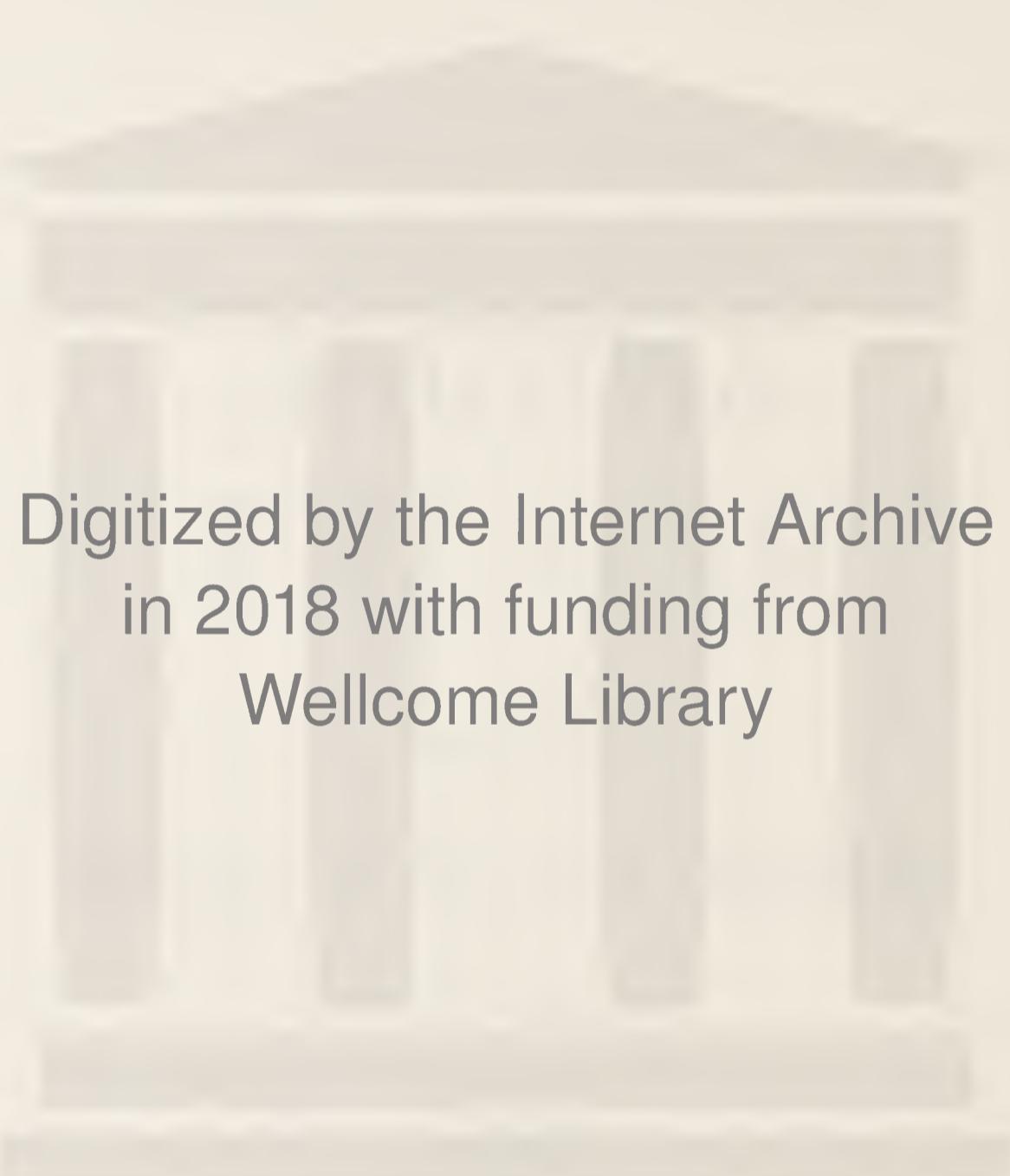
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# **STOCKSBIDGE URBAN DISTRICT COUNCIL**

## **PUBLIC HEALTH COMMITTEE, 1962.**

Councillor Miss M. E. BALFOUR (Chairman)

„ A. E. JACKSON, J.P. (Chairman of the Council)  
„ A. SWEENEY, J.P. (Vice-Chairman of the  
„ Council)  
„ J. W. ALLOTT  
„ J. C. BATTYE  
„ H. CLIXBY, J.P.  
„ A. E. DAVIES  
„ A. HAWLEY  
„ J. P. HOLLING, J.P.  
„ D. MATE (Retired 23/5/62)  
„ A. T. NEEDLE  
„ L. H. SCHOLEY  
„ G. WATKINSON

## **STAFF OF THE HEALTH DEPARTMENT**

## **Medical Officer of Health :**

J. MAIN RUSSELL, M.B., Ch.B., (Edin.), B.Hy., D.P.H.

**Deputy Medical Officer of Health and  
Senior Assistant County Medical Officer:**

F. C. ARMSTRONG, M.B., Ch.B., D.P.H.

## **Public Health Inspector and Surveyor:**

DOUGLAS E. ROBINSON, M.S.I.A., Cert. M. & F.I.

## **Additional Public Health Inspector:**

A. E. KAYE, R.S.H., Cert.

**Official address of Medical Officer of Health:**

MORTOMLEY HALL, HIGH GREEN, SHEFFIELD.  
Tel. No. High Green 292.

# **STOCKSBRIDGE URBAN DISTRICT COUNCIL.**

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## **Annual Report of the Medical Officer of Health for the year 1962.**

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**To the Chairman and members of the  
Stocksbridge Urban District Council.**

Lady and Gentlemen,

I have the honour to present my Annual Report upon the Health Services of Stocksbridge District Council for the year ended 31st December, 1962. Once again I have included in this document some details of the Part III services of the Local Health Authority as provided and used during the year.

The Vital Statistics for 1962 are quite good. The Birth Rate has fallen a little but the Death Rate has also fallen to the lowest rate we have had since 1957. The Still Birth rate has increased nearly threefold which is not so good. The Infantile Mortality Rate is the lowest rate we have had since 1955. Infectious Disease, except for measles, was virtually absent.

The Birth Rate at 16.1 per 1,000 of the estimated population has fallen from last year's figure of 17.2 and it is rather lower than that for England and Wales and for the West Riding Administrative County. The corrected rate is 15.8.

The Crude Death Rate at 8.6 per 1,000 of the estimated population is the lowest since 1957 and compares very favourably with that for England and Wales and the West Riding Administrative County. The corrected rate is 11.1.

The Still Birth Rate is far too high. The rate increased from 1961's figure of 10.5 per 1,000 Live and Still Births, to nearly three times as high — 27.2. This rate compares very unfavourably with that for the rest of the country. In fact this is the highest rate we have had since 1951, when it was 39.1. One is at a loss to explain why this situation should occur at all. In Stocksbridge we have evidence of well-organised ante-natal care for all expectant mothers. It is also true that the expectant mother is very much more interested in all her

pre-natal routine. She attends her family doctor for regular check and she discusses her problems with the Midwives and Health Visitors. She attends at the Clinic for ante-natal relaxation classes and enters into group discussion at mother-craft talks.

The Infantile Mortality Rate, at 11.2 per 1,000 related live births, is the lowest rate we have had since 1955, and if it is true that the Infantile Mortality Rate is some indication of the general health of the district, one is glad to be able to report this low rate. This is nearly half the rate for England and Wales and less than half the rate for the Administrative County of the West Riding. There were in all two deaths under the age of one year, one child dying in the first week from some abdominal complication, and the other dying before reaching the age of 3 months from Bronchopneumonia. Here again we have a young child picking up an infection which attacks the upper respiratory tract and proves fatal. These young children are so susceptible to such infections. It is so necessary for parents to protect them in their early life against infections, by keeping them away from crowds of people and particularly shielding them from anyone who is suffering from an infectious cold.

On considering the table dealing with the principal causes of death it is noticed that once again the largest number of deaths (35) were due to diseases of the Circulatory System including Coronary Disease. In fact, 18 deaths were due to Coronary Disease and Angina. Malignant Disease accounted for 18 deaths, of which 3 were due to Cancer of the Lung. Recent statistics released tell us that there are 500 deaths from Cancer of the Lung every week. So far as records tell us between 1920 and 1962 the deaths from Lung Cancer rose from nearly 600 to over 26,000. Probably there are better diagnostic methods available nowadays, and more awareness on the part of the doctors for the possibility of Lung Cancer, but these factors cannot account for all this tremendous increase. We must look for other things, and cigarette smoking must be singled out for special mention. In the same period of 42 years, from 1920, cigarette sales have increased threefold. We do know that cigarette smoking helps to cause Lung Cancer, and at the same time we know that to stop smoking helps to prevent Cancer of the Lung. It is not an easy task for us to get these facts to the majority of people. Possibly the facts are known, already, but they just do not seem to worry about it and, from my experience, this latter opinion probably reflects the true situation.

There was only one death due to accident and it was a road accident, where a youth was fatally injured in the main street of Stocksbridge. There is in Stocksbridge a branch of the Royal Society for the Prevention of Accidents, and this Accident Prevention Council meets regularly and is most active in propaganda efforts in the field of prevention of accidents. The Home Safety Committee is an offshoot of this Committee, and they deal with home accidents. From time to time they prepare exhibitions which they show at Open Shows, at Bazaars, and all similar functions where the public meet. Certain members of this Committee serve as members of the Voluntary Committee at the Maternity and Child Welfare Clinic, and they use this fact to prepare posters and hand out literature dealing with all aspects of home safety. The Committee is quite representative of all Voluntary Organisations in the township, but if anyone has a contribution to make to assist in cutting down the number of accidents in the home they will be welcome as members of this Committee.

The Infectious Diseases picture (excluding Tuberculosis) curiously enough, runs a similar pattern to that for 1961. There was a total of 245 notifications, of which 244 were cases of Measles. The other case was one of Acute Primary Pneumonia. This is a most interesting situation and a most encouraging one. It was unusual that we should have had so many cases of Measles. This disease generally has a biennial trend, and one would have expected that, following the high incidence of 1961, there would have been comparatively few or none at all in 1962. In fact, there were only 33 less. It is difficult to account for this, but whatever may account for it it is obvious that it is a highly infectious disease and that children are wide-open to the infection if exposed to it. When the disease is prevalent parents should make sure that children who are showing the early symptoms of the disease should be put to bed and kept there until the family doctor has advised that it will be safe to get up again. This disease can have very serious consequences and it must not be played with at all. We are hopeful that in the very foreseeable future a vaccine will be available which will protect the children as they have been protected from Diphtheria, Whooping Cough, Poliomyelitis, etc. A vaccine has been made and is being subjected to trial, and the day may not be far off when some form of it will be available to us.

Mr. Robinson, the Public Health Inspector, has provided the statistics and comments concerning that part of the report dealing with Sanitary Circumstances.

In Stocksbridge there are 3,943 houses, of which 3,865 receive water from public supplies. The remaining 78 receive water from various private and piped supplies, which are all satisfactory. During the year all sampling of supplies was carried out by the Sheffield Corporation Water Department, who are the Water Undertakers for the district, and all examinations were satisfactory. There were no reports of any difficulties qualitatively or quantitatively from the private supplies.

Sewage disposal is reasonably satisfactory in that 3,865 houses are connected direct to sewers. Of the remainder, 10 are satisfactorily seweraged by a private arrangement, but 68 are still classified as unsatisfactory, being served with earth closets. This latter is unavoidable because of the non-availability of a sewer, and in one or two cases of a quantitatively unsatisfactory water supply. I mentioned in my report last year that I hoped that in 1962 we would see the commencement of building operations at the new Sewage Disposal Works. During the year work began and fair progress was made. The new sewer length in the Pearson Street area was completed and progress was made at the other lengths. The Sewage Disposal Works themselves are virtually being rebuilt, at a total cost of approximately £234,000. It is anticipated that towards the end of 1963 these Works will be in part use, although, I should imagine, not fully operational. It is a large project but a very necessary one, and will ease much of our difficulties with regard to sewage disposal.

I would like to take this opportunity once again of offering my grateful thanks to the Chairman and members of the Health Committee for their continued help and support throughout the year. I would also like to thank the Clerk and his staff and other members of the Council Staffs for their helpful co-operation at all times. I would particularly like to place on record my thanks to Mr. Robinson and his staff for their loyal service to the department and their personal kindness to me during the year.

I want to acknowledge with gratitude the great help that I have received from my colleague, Dr. F. C. Armstrong, who has had to shoulder an extra burden during the year because of shortage of medical staff. He did it willingly and most efficiently.

I would like to introduce a personal note here to say how very much I appreciated the kind enquiries and messages of good wishes sent to me during the four months I was off duty

owing to illness. During that time abnormal demands were made on the department owing to the Smallpox scare which was prevalent in the County. Notwithstanding all the extra work the efficiency of the department never faltered, and I am grateful to everyone for this magnificent effort.'

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health.

## **DISTRICT STATISTICS IN BRIEF.**

The Stocksbridge Urban District covers an area of 4,630 acres. The number of inhabited houses at the end of 1962 was 3,943. The rateable value of the district is £168,257, whilst the product of a penny rate is £665 as at 1st April, 1962.

## **VITAL STATISTICS.**

### **Population.**

The Registrar General has given his estimation of the population as 11,110, an increase of 120 as compared with the 1961 figure.

### **Births.**

There were 179 live births registered in the district during the year. Of these 89 were males and 90 females. There were 6 illegitimate births, 3 male and 3 female.

### **Still-Births.**

During the year there were 5 still-births, 3 male and 2 female. There were no illegitimate still-births.

### **Deaths.**

95 deaths were attributed to the district during 1962, 55 male and 40 female.

Below I give tables of Live Birth Rates, Still-Birth Rates and Crude Death Rates, with those rates for other parts of the Country.

**RATES PER 1,000 TOTAL POPULATION.**

Year	England and Wales	West Riding Administrative County	Stocksbridge U. D.
<b>LIVE BIRTHS</b>			
(Rates per 1,000 of the Population)			
1962	18.0	17.8	16.1
1961	17.4	17.2	17.2
1960	17.1	16.9	17.3
1959	16.5	16.5	17.4
1958	16.4	16.7	17.6
<b>DEATHS</b>			
(Crude Death Rate)			
(Rates per 1,000 of the Population)			
1962	11.9	12.0	8.6
1961	12.0	12.1	9.6
1960	11.5	11.5	9.9
1959	11.6	11.6	9.9
1958	11.7	11.9	11.3
<b>STILL-BIRTHS</b>			
(Rates per 1,000 Live and Still Births)			
1962	18.1	18.5	27.2
1961	18.7	20.2	10.5
1960	19.7	22.4	21.2
1959	20.7	20.4	10.7
1958	21.6	22.8	10.8

## PRINCIPAL CAUSES OF DEATH.

<b>Infective Diseases.</b>		Male	Female	Total
Tuberculosis (Respiratory) .....	.....	1	—	1
Syphilitic disease .....	.....	1	—	1
<b>Cancer</b>				
Malignant neoplasm, stomach .....	.....	4	2	6
Malignant neoplasm, lung and bronchus .....	.....	3	—	3
Malignant neoplasm, uterus .....	.....	—	1	1
Other malignant and lymphatic neoplasms including leukaemia .....	.....	3	5	8
<b>Nervous System</b>				
Vascular lesions of nervous system .....	.....	5	8	13
<b>Circulatory System.</b>				
Coronary disease, angina .....	.....	11	7	18
Hypertension with heart disease .....	.....	1	—	1
Other heart disease .....	.....	5	4	9
Other circulatory diseases .....	.....	4	3	7
<b>Respiratory System</b>				
Pneumonia .....	.....	5	2	7
Bronchitis .....	.....	7	2	9
<b>Digestive System</b>				
Ulcer of stomach and duodenum .....	.....	—	1	1
<b>Genito-Urinary System</b>				
Nephritis and Nephrosis .....	.....	—	3	3
Hyperplasia of prostate .....	.....	1	—	1
<b>Other Defined and Ill-Defined Diseases</b>		3	2	5
<b>Accidents</b>				
Motor Vehicle .....	.....	1	—	1
<b>All Causes</b>	.....	55	40	95

## AGE DISTRIBUTION OF DEATHS.

		Male	Female
Under 1 year .....	.....	2	—
1 to 2 years .....	.....	—	—
2 to 5 years .....	.....	—	—
5 to 15 years .....	.....	—	—
15 to 25 years .....	.....	1	—
25 to 45 years .....	.....	1	1
45 to 65 years .....	.....	17	12
65 years and over .....	.....	34	27
<b>TOTAL .....</b>		<b>55</b>	<b>40</b>

## Infantile Mortality.

There were 2 deaths under 1 year of age (both male), equivalent to a rate of 11.2 per 1,000 live births.

## DEATHS UNDER 1 YEAR.

(Rates per 1,000 Related Live Births)

Year	England and Wales	West Riding Administrative County	Stocksbridge U.D.
1962 .....	21.4	23.3	11.2
1961 .....	21.4	24.6	15.9
1960 .....	21.7	22.5	16.2
1959 .....	22.0	24.0	21.6
1958 .....	22.5	24.4	21.7

**TABLE SHOWING AGE DISTRIBUTION OF  
INFANTILE DEATHS.**

Cause of Death	Under 1 week				Total under 4 weeks	Total under 1 year			
	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	1 to 3 months		3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Adrenal Haemorrhage	1	—	—	—	1	—	—	—	1
Bronchopneumonia .....	—	—	—	—	—	1	—	—	1
Total .....	1	—	—	—	1	1	—	—	2
1961 .....	1	—	—	1	2	1	—	—	3
1960 .....	2	—	—	—	2	1	—	—	3
1959 .....	3	—	1	—	4	—	—	—	4
1958 .....	3	—	—	—	3	1	—	—	4

### **Maternal Mortality.**

There were no maternal deaths during 1962.

### **Epidemic Diseases.**

There was one death in the Epidemic Diseases (other than Tuberculosis) Group during the year.

### **Inquests.**

Inquests were held on 3 occasions and in 7 cases the cause of death was certified by the Coroner after Post-mortem Examination without Inquest.

## **NATIONAL HEALTH SERVICE ACTS, 1946/57.**

### **Vital Statistics.**

Live Births .....	179.
Live Birth Rate per 1,000 population .....	16.1
Illegitimate Live Births per cent of total live births	3.4
Still-births .....	5.
Still-birth Rate per 1,000 total live and still births	27.2
Total Live and Still-births .....	184.
Infant Deaths (deaths under 1 year) .....	2.

### **Infant Mortality Rates.**

Total infant deaths per 1,000 total live births .....	11.2
Legitimate infant deaths per 1,000 legitimate live births .....	11.6
Illegitimate infant deaths per 1,000 illegitimate live births .....	—.
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) .....	5.6
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births) .....	5.6
Perinatal Mortality Rate (still-births and deaths under 1 week combined per 1,000 total live and still-births) .....	32.6

### **Maternal Mortality (including abortion).**

Number of deaths .....	Nil
Rate per 1,000 total live and still-births .....	—.

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

### **Infectious Diseases other than Tuberculosis.**

During the year 245 cases of Infectious Disease were notified. They were distributed as follows :—

	Notifications	After Correction
Measles .....	244	244
Scarlet Fever .....	—	—
Whooping Cough .....	—	—
Acute Pneumonia .....	1	1
Dysentery .....	—	—
Food Poisoning .....	—	—
Erysipelas .....	—	—
Puerperal Pyrexia .....	—	—
Acute Encephalitis (Infective) .....	—	—
	245	245

### **ATTACK RATE OF COMMONER INFECTIOUS DISEASES.**

Disease	England and Wales	West Riding Administrative County	Stocksbridge U. D.
Scarlet Fever .....	0.33	0.39	0.00
Pneumonia .....	0.27	0.34	0.09
Measles .....	3.96	6.85	21.96
Whooping Cough .....	0.18	0.14	0.00
Dysentery .....	0.66	0.55	0.00

**DISTRIBUTION OF INFECTIOUS DISEASES  
BY AGE GROUPS.**

DISEASE	Age Groups	TOTALS						
		0-1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years
Measles .....	....	7	22	31	30	32	114	5
Scarlet Fever .....	....	—	—	—	—	—	—	—
Whooping Cough .....	....	—	—	—	—	—	—	—
Acute Pneumonia .....	....	—	—	—	—	—	—	—
Dysentery .....	....	—	—	—	—	—	—	—
Food Poisoning .....	....	—	—	—	—	—	—	—
Erysipelas .....	....	—	—	—	—	—	—	—
Puerperal Pyrexia .....	....	—	—	—	—	—	—	—
Acute Encephalitis (Infective) .....	....	—	—	—	—	—	—	—
TOTALS .....	....	7	22	31	30	32	114	5
								245
								3

## **Scarlet Fever.**

For the third year in succession there have been no cases of Scarlet Fever notified within the district.

## **Measles.**

During the year under review 244 cases of Measles were notified. One had expected that because of the usual trend of the incidence of this disease 1962 would have been more or less free from the infection, but this was proved not to be the case. It was towards the end of the third quarter of the year, however, before the disease did appear, the first cases being notified in October. Whether or not the commencement of the new school year, when 5-year olds begin to aggregate for the first time in their lives, has any bearing on the matter one can only guess, but the fact remains that during the following three months 239 cases were notified. Of these, 117 were in the 5 to 10 years age group and 122 were in the under 5 age group. Only five cases notified were over the age of 10 years. The outbreak began in Stocksbridge and soon involved Deepcar, although the total number of cases in Stocksbridge was 159 and in Deepcar 84. The extra case was in the Mid-hopestones area of the Stocksbridge district.

I mentioned in the introduction to my report the highly infectious nature of this disease, and how necessary it is for precautions to be taken when the disease is prevalent. I cannot over-emphasise this enough. On the other hand we are hopeful that before long a vaccine will be available for general use which will control Measles as, in fact, Poliomyelitis, Diphtheria and Whooping Cough in turn have all been controlled.

## **Whooping Cough.**

Once again, as in 1961, we had no cases of Whooping Cough notified during the year. This is a very satisfactory situation. Whooping Cough is a nasty illness and can have very unfortunate complications. No doubt the systematic immunisation scheme is "paying off"; mothers of young babies are most anxious to have this protection, and since it can be given in combination with Diphtheria and Tetanus — the triple antigen — young babies are now getting triple protection on demand. Not so many children received the protection last year in Stocksbridge as in 1961. In all 135 were immunised, 14 less than the previous year. Of that number 129 were under the age of 5 years and the remaining six were 5 years and above.

Vaccine is always available in the refrigerator in my office here, and can be supplied to General Practitioners and Clinics if required. The vaccine is available in the form of a triple antigen as mentioned above, or as a single antigen.

### **Smallpox.**

The widely publicised outbreak of Smallpox in the Bradford area during the early part of the year did more to stimulate public interest in vaccination than any of our previous major campaigns. It is a matter for regret that people should be panicked into seeking vaccination at such times. The services are not geared to deal with overwhelming demands the public may make. During the Bradford outbreak the increased demand for vaccination nearly exhausted the stocks of lymph available. In one period alone supplies were so limited that vaccination had to be restricted solely to immediate contacts and persons 'at risk'. Vaccination against Smallpox has always been available, free of charge, at Clinics or by the family doctor. If such opportunities are not used it is inevitable that at crisis times near-panic will arise. I advise parents to think about this most seriously.

The practice recommended by the West Riding County Council Health Department that routine Smallpox vaccination should preferably be done in the second year of life continues, and it is interesting to note that in 1962 the Ministry of Health circularised all General Practitioners and Medical Officers of Health recommending this procedure as a national policy.

In your area during 1962 a total of 1,508 persons were vaccinated, 97 under the age of one year, 754 varying in age between 1 and 15 years, and 657 in the group 15 years and over. Over and above this there were 443 persons revaccinated during the same period.

### **Diphtheria.**

The district still remains free from Diphtheria and we are glad of this. I hope that because of its absence the disease will not be forgotten. It is still part of our Health Education work to emphasise the need to maintain a high level of general immunity within the district. I do hope it does not fall in any way, because one hesitates to contemplate how serious it would be if the disease reappeared in our midst.

The numbers receiving protection against Diphtheria during 1962 were less than the previous year, only 163 being treated compared with 174 in 1961. Of those 133 were under

the age of 5 years and 31 between the ages of 5 and 15 years. As a routine measure now we offer the "booster" dose at the first School Medical Inspection at the age of 5 years. In this instance also there was a drop in demand, in that there were 19 fewer so treated than in 1961. Only 36 children received the reinforcing dose of antigen.

### **Poliomyelitis.**

The district was once more free from Poliomyelitis during 1962. The scheme for vaccination against the disease continues.

During 1962 the Ministry of Health introduced a new policy favouring the use of Oral Poliomyelitis Vaccine, the Minister having been first assured of the complete safety of the Sabin Vaccine which was to be used in place of the conventional Salk Vaccine. This method of vaccination, which consists of swallowing a lump of sugar impregnated with a drop of vaccine (or with very young babies it is administered in syrup) appears to be more acceptable to the public than the conventional "jab" and furthermore makes for a speedier turn round of patients at vaccination sessions.

As in previous years detailed statistics of Poliomyelitis vaccinations carried out in the Division are given below.

### **PRIMARY IMMUNISATION.**

<b>Age Group.</b>	Number of persons who have received:—		
	Salk Vaccine Two injections	Oral Vaccine Three doses	
Children born in 1962 .....	2		172
Children born in 1961 .....	78		603
Children and young persons born in the years 1943 — 1960 .....	350		365
Young persons born in the years 1933 — 1942 .....	120		114
Others .....	274		399
	—	—	—
<b>TOTALS</b> .....	<b>824</b>		<b>1,653</b>
	—	—	—

## **Reinforcing Doses.**

Number of persons given third injection of Salk Vaccine	700
Number of persons given fourth injection of Salk Vaccine	10
Number of persons given a reinforcing dose of Oral	

Vaccine after :

(1) 2 Salk Doses	.....	.....	.....	.....	.....	.....	.....	2,896
(2) 3 Salk Doses	.....	.....	.....	.....	.....	.....	.....	1,872

Included in the above tables are the numbers of record cards submitted by general practitioners throughout the year, details of which are as follows :—

## **Primary Courses.**

Salk Vaccine — 1st and 2nd injections	.....	.....	.....	566
Oral Vaccine — 3 doses	.....	.....	.....	289

## **Reinforcing Doses.**

Salk or Oral — 3rd doses	.....	.....	.....	.....	.....	.....	1,112
4th doses	.....	.....	.....	.....	.....	.....	152

## **Tuberculosis.**

During 1962 there were only 2 cases of Tuberculosis notified, one of whom was a case transferred from a neighbouring district. Both these cases were Pulmonary and were under the care of the Chest Physician. The case transferred from the other district was under domiciliary supervision and was non-infectious and the other was a case of a young woman who was an old "cured" case but had again come under the care of the Chest-Physician, more or less for observation.

In both cases the Tuberculosis Health Visitor made the routine calls on the family and arranged for each member of the family of the infected person to have a check-up at the Chest Clinic as well as the appropriate X-ray examination.

The Health Visitor concerned works only in the field of Tuberculosis, attending at the Chest Clinic and visiting the patients in their own homes. When cases are notified she immediately visits the homes, arranges for the families to be examined as contacts, and she also enquires carefully in an effort to find any possible source of infection. This is a very important duty and our Health Visitor is extremely particular in her routine enquiry work.

## **B.C.G. Vaccination.**

Early in 1962 we decided to reorganise the timing of the B.C.G. Vaccination routine so that the treatment can be given at the School Medical Inspection season, shortly after children enter the Grammar or Secondary Modern School. We find that this is a saving in manpower time and it has a less disturbing effect on the School routine. Previously the group vaccinated were in the 13/14 years age group, and this meant in some cases visiting the schools twice in the year, first of all to carry out a routine medical inspection, and another group to receive B.C.G. vaccination.

It means therefore that in 1963 there will be quite a large number to receive the treatment, but it will provide a vaccine for some children at an earlier age and will make for a much more convenient service generally.

## **Health Education.**

Limitation of medical and health visiting staff inevitably restricted the amount of work we could do in the field of Health Education. Notwithstanding this staff difficulty, the Mothercraft Discussion Groups were held each week and the Relaxation Classes for expectant mothers continued without disturbance. New visual aid material was supplied, including filmstrips and films which covered quite a wide field in the ante-natal and post-natal care.

Efforts were made during the year to do something about this question of smoking and lung cancer, but we found it extremely difficult. Dr. Armstrong visited the College of Further Education, at the invitation of the Head, to introduce a film on the subject and to discuss with the pupils afterwards the whole problem. Curiously enough the whole business seemed to have little impact on these young people.

In the field of Home Safety a fair amount of Health Education is carried out, where those members of the Home Safety Committee, who are at the same time members of the Voluntary Committee at the Child Welfare Centre, produce the necessary posters and "hand-outs" to the young mothers who attend the Clinic. Health Visitors make a point of carrying this information further into the homes, and also into the homes of the aged.

We hope that in 1963, when the staffing situation has been improved, more of this Health Education work will be carried out, as I still feel that this is a vitally important part of the work of the department.

### **National Assistant Act.**

There was no occasion to use the provisions of Section 47 of the National Assistance Act, 1948, or the Amendment Act, 1951, during the period under review.

### **Chiropody Service.**

The Chiropody Service, which the West Riding County Council established throughout its area in 1960, continues to provide a much needed service in the community.

During the year the direct service at the Clinic provided 611 treatments for 121 patients, and domiciliary treatment was provided for 25 patients, who received 141 treatments. All of these were Old Aged Pensioners. The Voluntary Association's service provided 414 treatments for 87 patients at a fixed Centre, and 44 received treatment by this Voluntary Organisation in their own homes, the number of treatments provided being 180. Again, all patients treated by the Voluntary Organisation were Old Aged Pensioners.

### **Mental Health Service.**

The work for the prevention of mental disorder, and the care and after-care of persons suffering from mental disorder, is now largely in operation. The success of the service is dependent on the attitude of the Medical Superintendents and staffs of the hospitals, the Consultant Psychiatrists and General Practitioners. By the end of the year we had gone a long way towards establishing a new pattern and it has been well received by all. Stocksbridge Urban District comes within the catchment area of Storthes Hall Hospital, where accommodation for mentally sick patients is somewhat limited at the moment. However, there have been no marked delays in getting admission of the urgent case. The Medical Superintendent has reorganised the internal administration with helpful results. He also invited Medical Officers of Health and Mental Welfare Officers to a general discussion

concerning internal and external problems. This type of discussion is to be a regular feature, and most helpful they are.

The good relationship between hospital and local authority staff still exists. As a result of this and the liaison with other services, many discharged persons have been placed in open employment, and no real difficulties have been experienced regarding admission to Psychiatric Hospitals.

The need for accommodation for the mentally disturbed aged person is growing and is likely to grow even further. With regard to admission to hospital for the subnormal and severe subnormal the position could be better, as it is not easy to obtain permanent places for the most serious cases. Short-stay care has proved of great value in providing a change for the patient and relief in the family, but with many more parents taking advantage of this service it is becoming very difficult to obtain vacancies for all, especially during the summer months.

After-care for the mentally ill discharged patient and social work with problem families suggests that the role of the Mental Welfare Officer has materially changed, which I am sure will be for the good of the service and the community.

With the rapid expansion of the training at Centres, the Mental Welfare Officers have been able to devote more time to the needs for the mentally subnormal who are not suitable for, or in need of such training.

There is a very active Parent/Teachers' Association at the Training Centre. During the year many social functions have been held, e.g. Beetle Drives, Social evenings, and last year there was a visit to the Circus at Leeds. The Association have given the Centre a cine-camera and projector, so they have now a film record of many events.

The new extensions are nearing completion, and ideas will have to be formulated as to how the extensions can be put to their best use to give the trainees a variation of work. Included in the extensions is a Care Room, which it is hoped will provide a relief for the parents who have children who are particularly handicapped and unable to use the present transport facilities. It is hoped to take in cot and sitting cases.

## Care and Guidance.

<b>16 years and over.</b>	<b>Male</b>	<b>Female</b>
In full employment .....	2	1
Fully employed and/or supervised at home .....	—	2
Working part-time .....	1	—
Training Centre .....	2	2
Training Centre refused .....	4	1
Unemployable or cot cases .....	3	—

## **Under 16 years.**

Training Centre .....	3	2
Working .....	—	—
Got cases .....	2	1
.....	—	—
	17	9
	—	—

During the year 9 patients (2 male and 7 female) were admitted to Storthes Hall Hospital by the Mental Welfare Officers. There were 4 discharges from Storthes Hall, 2 male and 2 female, and in 2 of these cases requests were made for after-care. Admissions to Middlewood Hospital during the same period were 2 (1 male and 1 female). There were 7 discharges, 2 male and 5 female, requests for after-care being made in 3 cases.

During the year one subnormal male patient, under 16 years of age, was admitted to Aston Hall Hospital, near Derby.

## **DISTRIBUTION OF WELFARE FOODS.**

The amount of Welfare Foods issued in Stocksbridge Urban District during 1962 was as follows :—

National Dried Milk — 5,020 tins.

Cod Liver Oil — 176 bottles.

Vitamin A and D Tablets — 204 (packets of 45).

Orange Juice — 1,858 bottles.

It will be seen that compared with the previous year there has been a considerable reduction in the sales of Orange Juice, Cod Liver Oil and Vitamin A and D Tablets. This may be due to the fact that on the 1st June, 1962 the Government instituted a charge for these various commodities, the Orange Juice retailing at 1s/6d. per bottle, Cod Liver Oil at 1s/-d. per bottle and Vitamin A and D. Tablets at 6d. per packet.

These foods are issued at the following Centres throughout the Division on the days and times stated :—

Address of Premises	Days	Times
<b>STOCKSBRIDGE URBAN DISTRICT</b> Child Welfare Centre, British Hall, Stocksbridge .....	Tuesday	10—12 a.m. 1-30—3-30 p.m.
	Friday	10—12 a.m.
<b>PENISTONE URBAN DISTRICT</b> Child Welfare Centre, Shrewsbury Road, Penistone .....	Monday	2—4 p.m.
<b>PENISTONE RURAL DISTRICT</b> Child Welfare Centre, Golf Club, Cawthorne .....	Alternate Wednesdays	1-30—3-30 p.m.
	During Shop Hours	
	During Shop Hours	
<b>HOYLAND NETHER URBAN DISTRICT</b> Mrs. Mellor, Queen Street, Hoyland Common	Thursday	2—4 p.m.
	Tuesday	11—12 a.m. 2—4 p.m.

Address of Premises	Days	Times
WORTLEY RURAL DISTRICT Clinic, Parish Hall, Oughtibridge	Thursday	2—4 p.m.
Clinic, Memorial Hall, Worrall.	Alternate Tuesdays	2—4 p.m. 11—12 a.m.
Child Welfare Centre, Miners' Welfare Hall, Chapeltown	Wednesday	2—4 p.m.
Clinic, Methodist Chapel, High Green	Tuesday	2—4 p.m.
Colley Estate Clinic, Wheata Place, Sheffield, 5.	Monday Wednesday	2—4 p.m. 2—4 p.m.
Clinic, Methodist Chapel, Norfolk Hill, Grenoside.	Thursday	2—4 p.m.
Child Welfare Centre, Wharncliffe Silkstone Welfare Hall, Pilley, Nr. Barnsley.	Alternate Mondays	2—4 p.m.
Child Welfare Centre, Knowle Top, Stannington	Wednesday	2—4 p.m.
Child Welfare Centre, Congregational Church, Loxley	Alternate Tuesdays	1-30—3-30 p.m.
Mrs. Iles, Post Office, Wharncliffe Side	Friday	2—4 p.m.
Mrs. D. Harper, The Shop, Main Road, Dungworth	During Shop Hours	

## **GENERAL PROVISION OF THE HEALTH SERVICES.**

### **Hospitals.**

The Sheffield Regional Hospital Board is responsible for the provision of the Hospital Services covering this district. Infectious Disease cases are admitted to Lodge Moor Hospital, Sheffield. General cases are admitted to the Sheffield group of General Hospitals and occasionally to Barnsley Beckett Hospital.

### **Laboratory Services.**

These services are available at the Public Health Laboratories at the City General Hospital and at Wakefield. The Medical Directors of each of these centres have been most helpful on a number of occasions and I am grateful to them for their advice and help.

### **Ambulance Service.**

This section of the service continues to function admirably. An increase in the vehicle establishment during the year brought the number of vehicles up to eight, two of these being based at the Fire Station in Penistone. A 24-hour service is maintained and the overall number of journeys is increasing. In particular the volume of traffic to the new Teaching Hospital in Sheffield has reached such proportions that the West Riding have pioneered a new scheme of ambulance control. A Depot Officer is based on the hospital premises to co-ordinate the flow of ambulances, particularly in relation to the return journeys. Not only does this ensure a speedy turn round of vehicles and a consequent saving in time and money, but the patient also benefits, having no longer to suffer the frustration of endless hours awaiting transportation back to their own homes.

There has also been a noticeable change in the movement of patients over the year. The number of journeys to the Barnsley Hospital has decreased, as consultants now want to see their patients at the new Teaching Hospital. This has obviously increased the mileage undertaken by the County Council ambulances, and although there has been a drop in the number of journeys to the old established hospitals this has only been slight as, naturally, orthopaedic, maternity and casualty journeys have still to be made to these hospitals.

## CLINICS.

### **Child Welfare.**

The various Clinics held within the Stocksbridge area are as listed below, the figures indicating the number of attendances during the year 1962 :—

### **CHILD WELFARE CENTRES.**

Name and Address of Centre Name of Doctor and Health Visitor in attendance	Day and Time of sessions	Total number of attendances during the year.	
		Number who attended for first time during 1962	Children up to 5 years
STOCKSBRIDGE British Hall. Dr. D. Patterson, Mrs. L. M. Sellars.	Tuesday p.m.	*379	*2,587
Health Visitor session : Mrs. L. M. Sellars.	Friday p.m.		
* These figures apply to both sessions at Stocksbridge.			
MOBILE CLINIC, EWDEN Dr. S. Lindsay, —retired October, 1962. Mrs. L. M. Sellars	Alternate Fridays p.m.	19	89

Other Clinics conducted in the Stocksbridge area are :—

Ophthalmological ; Ante-natal Relaxation Classes ; B.C.G. Vaccination. As Oral Poliomyelitis vaccination is now available at an ordinary Child Welfare Clinic, the need for special sessions is no longer necessary.

The Clinics are still held in the British Hall, Stocksbridge, as the new Clinic is not yet available. The services given are the same as in 1961.

The West Riding County Council have agreed to provide a purpose-built Clinic in Stocksbridge, and we are just awaiting the legal formalities in connection with the purchase of the site, arranging planning, and getting the Surveyor's final agreement to the siting of the building. When provided, this will be a very welcome amenity in Stocksbridge.

## **HEALTH VISITING.**

The Health Visiting staff during 1962 was as follows :—

Name	Address	Telephone No.
Miss K. Gregory (Resigned early 1962)	20, Don Avenue, Sheffield, 6.	Sheffield 345445
Mrs. H. Dransfield (Transferred to Penistone area early 1962)	14A, Armitage Road, Deepcar.	Stocksbridge 2214
Mrs. L. M. Sellars	Handbank Farm, Midhope, Stocksbridge.	Penistone 3387
Mrs. M. A. Laycock	6, Unsliven Road, Stocksbridge.	
Miss A. G. M. Holden	16, Laburnum Grove, Stocksbridge.	

The position regarding staff has not been good, owing to the resignation of Miss Gregory, and Mrs. Dransfield being transferred to the Penistone area. Miss Holden worked in the area until September, 1962, when she left to commence the Health Visiting Course at Leeds University, which meant a further depletion of staff.

The Health Visitor's duties are becoming more varied, but the most important factor of her work still remains the teaching of positive health and the prevention of disease. She is responsible for the running of the Child Welfare Centres and School Nursing duties. The total number of visits paid by the Health Visitors during 1962 was 4,551.

**Tuberculosis Visiting.** Initial visits to cases of Tuberculosis are carried out by the Tuberculosis Health Visitor, but the routine visiting is carried out by the Health Visitor for the area in her normal duties. Patients are still seen at the parent Clinic held in Barnsley.

## **HOME NURSING.**

The Home Nursing staff during 1962 was as follows :—

Name	Address	Telephone No.
Mrs. A. M. Armitage	3, Heath Road, Stubbin Farm Estate, Deepcar.	Stocksbridge 2294
Mrs. R. Chambers	76, Fir Tree Estate, Thurgoland.	Stocksbridge 3370

The Home Nursing establishment has not been below strength during the year. The Home Nurses visited 147 new cases, with a total of 3,747 visits being made during the year. Both members of the staff are mobile.

## **MIDWIFERY SERVICE.**

The Midwifery Staff during 1962 was as follows :—

Name	Address	Telephone No.
Miss R. Crossley	“Walderscroft”, Hollin Busk Road, Deepcar.	Stocksbridge 3135
Mrs. E. Steele (Relief)	Lane Farm, Carr Road, Deepcar.	Stocksbridge 3310

The staff here again remains unchanged and the service given is a very comprehensive one. Relaxation and group talks are given to ante-natal mothers at the special sessions.

During the year the Midwives attended a total of 104 confinement cases, of these 100 in the capacity of Midwives and 4 in the capacity of Maternity Nurses. (These figures include deliveries undertaken by the Relief Midwife in other areas). Both Midwives are mobile.

During the year 6 cases availed themselves of Gas and Air Analgesia and 26 of Trilene Analgesia.

## NURSING STAFF AS AT 1st JULY, 1963.

### **Health Visitors.**

Name	Address	Telephone No.
Mrs. L. M. Sellars	Handbank Farm, Midhope, Stocksbridge.	Penistone 3387
Miss A. G. M. Holden (To return to duty 15/7/63)	16, Laburnum Grove, Stocksbridge.	
Mrs. M. A. Laycock	6, Unsliven Road, Stocksbridge.	

### **Home Nurses.**

Mrs. A. M. Armitage	3, Heath Road, Stubbin Farm Estate, Deepcar.	Stocksbridge 2294
Mrs. R. Chambers	76, Fir Tree Estate, Thurgoland.	Stocksbridge 3370

### **Midwives.**

Miss R. Crossley	"Walderscroft", Hollin Busk Road, Deepcar.	Stocksbridge 3135
Mrs. E. Steele (Relief)	Lane Farm, Carr Road Deepcar.	Stocksbridge 3310

### **Domestic Help Service.**

During 1962 a total of 11,127 Domestic Help hours were provided in the Stocksbridge Urban District. There were 15 Domestic Helps employed, attending a total of 74 cases. Of this total 52 cases were continued from 1961, the remaining 22 being new cases. The types of cases where domestic help was made available are as follows :—

Maternity Cases .....	.....	.....	.....	.....	.....	.....	8
Tuberculosis .....	.....	.....	.....	.....	.....	.....	—
General cases over 65 years .....	.....	.....	.....	.....	.....	.....	64
General cases under 65 years .....	.....	.....	.....	.....	.....	.....	1
Other cases .....	.....	.....	.....	.....	.....	.....	1
							—
							74
							—

# SANITARY CIRCUMSTANCES — 1962.

(Prepared by Mr. D. E. Robinson)

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## Nuisances.

Table showing the number and type of nuisance found and action taken during the year.

Blocked drains .....	42
Blocked or defective sink wastes .....	23
Blocked or defective W.C.s. ....	17
Defective dustbins .....	22
Defective roofs, eaves, gutters and fall pipes .....	9
Dampness — various causes .....	16
Miscellaneous .....	4
	—
	133
Nuisances brought forward from 1961 .....	3
	—
Total needing abatement .....	136
Abated during 1962 .....	133
	—
Outstanding December 1962 .....	3
Informal Notices served .....	48
Informal Notices complied with .....	45

## Closet Accommodation.

Closet accommodation at the end of the year consisted of :—

52 Privies and 4,436 water closets.

## Privy Conversions.

No privy conversion notices were served during the year.

Two privies were voluntarily converted by the owner concerned who received the contribution made by the Council under the circumstances.

## Refuse Collection.

Household refuse is collected from 3,694 Dustbins, 52 Privies and 5 Dry Ashpits.

The weekly task scheme of collection which was by agreement with the staff commenced last year, has continued to operate and a weekly collection has been maintained even in bad weather and holiday periods. The work of clearing of the remaining privies and ash pits and the collection of shop salvage is not included in the task but is done at ordinary time rates by those operatives who wish to continue work after the completion of the bin collection.

The scheme has given general satisfaction.

### **Refuse Disposal.**

The tip at Townend has continued in use and a wire netting fence erected on the windward side has overcome the problem of the spreading of waste paper during windy periods. There are on site mounds of residue from old mining operations and this material is used for intermediate covering at the same time saving tipping capacity.

### **Salvage.**

The contract with Messrs. Thames Board Mills was continued and the following sales were made :—

		Weight			Value		
		T.	C.	Q.	£	s.	d.
Mixed Waste	.....	3	10	0	28	0	0
Newsprint	.....	4	12	0	39	2	0
		8	2	0	£67	2	0

### **Ice Cream.**

No ice cream is manufactured locally. No applications for the registration of premises for the sale of ice cream were received during the year.

The total number of registered premises in the district is 46.

### **Inspection.**

32 inspections of registered food premises were made.

## **Meat.**

One private slaughterhouse is in use in the district. Slaughtering facilities are made available at these premises for three other local butchers.

All the animals slaughtered were examined namely:— 435 Beasts, 6 Pigs and 1,056 Sheep and for the purpose of examination 217 separate visits were paid.

The following table shows the diseased conditions found and the meat and/or organs surrendered and destroyed.

DISEASE	ANIMAL	Parts Surrendered LIVER
Abcess .....	Beasts	1
Fluke Disease .....	Beasts	15
Fluke Disease .....	Sheep	2

## **Other Food.**

The following list shows unsound food surrendered and destroyed by incineration :—

Canned Meats .....	91 lbs.	15 ozs.
Canned Fish .....	5 lbs.	15 ozs.
Canned Fruit .....	428 lbs.	15 ozs.
Canned Vegetables .....	12 lbs.	0 ozs.
Canned Milk .....	14 lbs.	11 ozs.
Canned Cereals .....	3 lbs.	12 ozs.
	557 lbs.	4 ozs.

About 24 cwts. of similar stocks were examined and found satisfactory.

## **Food Premises.**

The number and type of food premises in the area including sales shops is as follows :—

Butchers .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	15
Bakers .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Canteens .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	5
Fish Fryers and Wet Fish Salesmen .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	8
General Grocers .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	10
General Grocers including bread and confectionery .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	41
General Grocers including bread, confectionery and meat .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Sugar Confectionery .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	8

## **Water Supply.**

Stocksbridge's water is supplied and distributed by the Sheffield Corporation. Of the 3,943 houses in the district 3,865 have a public supply.

## **Rodent and Insect Control.**

A 10% test of the district sewers was carried out and no takes of the pre-bait laid in the manholes was recorded.

Some minor rodent infestations were found and advice and assistance with the necessary treatment was given by the department to the occupiers concerned with successful results.

A small colony of rodents was found on the Council's refuse tip at Townend. Treatment was carried out and later observations indicate that satisfactory results had been obtained.

The sewage disposal works at Deepcar have been reasonably free from infestation by rodents.

Four instances of cockroach infestation were found and dealt with.

## **Disinfection.**

No notifications to disinfect premises after infectious diseases were received by this Authority during the year.

## **Housing.**

### **New Houses Completed.**

(a) By Local Authority —	East Whitwell Estate .....	86
	Shay House Lane Flats .....	8
(b) By Private Enterprise .....	.....	28
		—
	Total .....	122
		—

### **Closure of Houses.**

Representation was made in respect of one house which was found to be unfit for habitation.

### **Relief of Overcrowding.**

In the letting of the Council's houses 3 cases of overcrowding concerning 16 persons were dealt with.

### **Clearance Orders.**

The remainder of the Henholmes Clearance Order consisting of 4 Houses occupied by 9 persons was completed during the year.

Five families from Clearance Areas concerning 11 persons were rehoused during the year into Council owned dwellings.

### **Repair and Reconditioning.**

Two dwellings were rendered reasonably fit in consequence of informal action by the Local Authority.

### **Discretionary Improvement Grants.**

Thirty three applications were granted. Thirty from owner-occupiers and three in respect of tenanted houses. The value of the grants totalled £4,496.

### **Standard Improvement Grants.**

Eight applications were granted in respect of tenanted houses. The value of the grants totalled £327.

### **Loans for House Purchase.**

The following shows the number and value of loans granted for house purchase and improvement during the year.

### Number of Loans Granted.

New Houses	Existing Houses	Improved Houses	Total	Total Value of Loans
40	47	14	101	£120,973

### NEW BUILDINGS AND DEVELOPMENT.

#### Proposals submitted for Approval.

	Approved	Disapproved	Total
Garages .....	117	—	117
Garden Sheds, Coal Stores,			
Porches etc. ....	15	—	15
Sanitary Conveniences .....	44	—	44
Store Sheds .....	6	—	6
Offices and Works Extensions .....	6	—	6
New dwellinghouses .....	17	—	17
Dwellinghouse Extensions .....	12	—	12
Residential Layouts .....	2	1	3
Overhead Lines .....	7	—	7
Electrical Substations .....	6	—	6
Conservatories .....	11	—	11
Alterations to Shop Premises .....	1	—	1
Outline Applications .....	11	3	14
Change of Use .....	5	2	7
Workshops .....	2	—	2
Sports Pavilions .....	2	—	2
Advertisement Signs .....	7	1	8
Playing Fields .....	2	—	2
Canteen .....	1	—	1
Milking House .....	1	—	1
Club Extensions .....	2	—	2
Aviary .....	—	1	1
	—	—	—
	277	8	285
	—	—	—

## **FACTORIES ACT, 1961.**

This table is enclosed by a request of the Minister of Labour to indicate to Medical Officers of Health the prescribed particulars which are required by Section 153(1) of the Factories Act, 1961, to be furnished in their Annual Reports with respect to matters under Parts I and VIII of that Act which are administered by the District Council. This table, which is not intended to supersede the fuller statement which is desirable in the text of the Report, should be attached as an annex to the Report.

### **ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1962 FOR THE URBAN DISTRICT OF STOCKSBIDGE IN THE COUNTY OF YORKSHIRE.**

#### **Prescribed Particulars on the Administration of the Factories Act, 1961.**

#### **PART I OF THE ACT.**

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities .....	4	12	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .....	27	37	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) .....	8	17	—	—
<b>TOTAL</b> .....	<b>39</b>	<b>66</b>	—	—

## 2.—Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of cleanliness (S.1) ....	1	1	—	—	—
Overcrowding (S.2) ....	1	1	1	—	—
Unreasonable temperature (S.3) ....	1	1	1	—	—
Inadequate ventilation (S.4) ....	1	—	—	1	1

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Ineffective drainage of floors (S.6) ....	1	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ....	1	—	—	—	—
(b) Unsuitable or defective ....	1	—	—	—	—
(c) Not separate for sexes	1	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ....	1	—	—	—	—
<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>—</b>	<b>—</b>

## PART VIII OF THE ACT

### Outwork

**(Sections 133 and 134)**

Nature of Work  (1)	Section 133			Section 134		
	No. of Outworkers in August list required by Section 133(1)(c)  (2)	No. of cases of default in sending lists to the Council  (3)	No. of prosecutions for failure to supply lists  (4)	No. of instances of work in unwholesome premises  (5)	Notices served  (6)	Prosecutions  (7)
Wearing Apparel Making etc., clean- ing and washing .....				Nil		
Household Linen .....			Return			
etc., etc. as per schedule						

Signature

J. MAIN RUSSELL,

Medical Officer of Health.



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